

# **How to Respond**

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## **Injury and Illness at School**

### **Injuries and Medical Emergencies**

**Difficulty Breathing**

**Bleeding, Swelling, Infection**

**Bone, Joint, and Muscle Injuries**

**Loss of Consciousness, Fainting, Head Injuries**

**Seizures and Convulsions**

**Allergic Reactions**

**Bites and Stings**

**Poisoning**

**Burns**

**Heat and Cold Injuries**

**Eye Injuries**

**Oral Injuries**

### **Illnesses and Health Problems**

## **Emergency Telephone Numbers**

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**Emergency: 911**

**Washington Poison Center: 1-800-222-1222**

**Local Health Department:**

**Local Police Department:**

**Local Fire Department:**

**Local Hospitals:**



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For persons with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

**How to Respond: Injury and Illness at School** is a reference guide from the Washington State Department of Health. It is designed to help school personnel respond quickly, safely, and effectively when students are injured or become ill at school. Knowing how to respond to a medical emergency may mean the difference between life and death.

It is recommended that all adult staff familiarize themselves with this booklet, how to use it, and where to find it. It can hang on the wall of a classroom or health room, fit into a school first aid kit, and be carried on field trips or athletic events.

The organization of this booklet is based on the American Academy of Pediatrics' course book, **Pediatric First Aid for Caregivers and Teachers**. Topics are separated by injuries requiring immediate medical care, and illnesses representing common health problems which are usually not emergencies. Types of injuries and illnesses also correspond to "Reason for Visit" data of the Washington School Nursing Data Workgroup.

**Reviewed and approved by:**

- Washington State Department of Health
- Office of Superintendent of Public Instruction, Health Services
- Washington Chapter of the American Academy of Pediatrics
- School Nurse Organization of Washington

# Contents

- What To Do in an Emergency**
  - Medical Emergencies..... 1
  - Standard Precautions to Prevent Infection..... 3
  - Shock..... 4
  - Special Needs ..... 5
  - Mental Health Emergencies..... 5
  - Pregnancy Complications or Miscarriage ..... 6
  - Schoolwide Emergency Response ..... 7
- Difficulty Breathing**
  - Not Breathing, Choking ..... 9
  - Severe Allergic Reaction (Anaphylaxis)..... 10
  - Asthma Attacks..... 10
- Bleeding, Swelling, Infection**
  - Bleeding ..... 11
  - Amputation of a Finger (or Other Body Part) ..... 12
  - Nosebleeds ..... 13
  - Punctures, Scrapes, Splinters ..... 14
  - Bruises and Swelling ..... 15
  - Skin Infections and Open Sores ..... 16
- Bone, Joint, and Muscle Injuries**
  - Back or Neck Injury ..... 17
  - Broken Bone, Dislocation, Sprain, Strain ..... 18
- Loss of Consciousness, Fainting, Head Injuries**
  - Fainting or Feeling Faint ..... 19
  - Head Injury (Concussion) ..... 20
- Seizures and Convulsions**
  - Seizure with Convulsions (Grand Mal)..... 21
  - Seizure without Convulsions (Petit Mal)..... 22
- Allergic Reactions**
  - Severe Allergic Reaction (Anaphylaxis)..... 23
  - Asthma Attacks..... 24
  - Allergies ..... 24
- Bites and Stings**
  - Animal Bites ..... 25
  - Human Bites ..... 25
  - Insects, Spiders, Ticks ..... 26

## Poisoning

Swallowing Poison.....	27
Inhaling Poison.....	27
Poisonous Plants.....	28

## Burns

Burns from Sun, Heat, Flames.....	29
Burns from Chemicals, Electricity .....	30

## Heat and Cold Injuries

Heat Stroke and Heat Exhaustion .....	31
Hypothermia and Frostbite.....	32

## Eye Injuries

Chemical in the Eye.....	33
Penetrating Object in the Eye .....	33
Small Object in the Eye .....	34
Minor Bruise or Cut to the Eye.....	34

## Oral Injuries

Possible Broken Jaw.....	35
Knocked Out Permanent Tooth .....	35
Broken Tooth .....	36
Cut or Bitten Tongue, Lip, Cheek .....	36
Broken Braces and Wires .....	36
Bleeding After Losing a Baby Tooth.....	37

## Illnesses and Health Problems

Abdominal Pain, Stomachache, Cramps .....	39
Alcohol and Drug Use.....	39
Asthma .....	40
Colds and Flu.....	40
Depression or Thoughts of Suicide.....	40
Diabetes.....	41
Diarrhea .....	41
Earache.....	42
Fever .....	42
Head Lice and Scabies .....	43
Headache.....	43
Nausea or Vomiting.....	44
Toothache or Abscess .....	44
Violent Behavior.....	44

## Medical Emergencies

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**Do not move a child** if they have a head, neck, or back injury, or if they are having trouble breathing. If there is a clear danger of further injury, then move the child carefully to safety.

**Do not deal with medical emergencies by yourself.**

While you give first aid, have someone else:

- Call 911.
- Notify the school nurse.
- Notify a parent or legal guardian.

**Do not delay emergency medical care** because you can't reach a parent or guardian. Use your best judgment.

**Before calling 911** survey the scene and make sure it is safe. Check the child's airway, breathing, and circulation (the ABCs of first aid). Someone trained in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and first aid should start providing emergency care.

**Call 911 for medical emergencies:**

- Choking or severe difficulty breathing
- Severe allergic reaction (anaphylaxis)
- Deep wound or part of the body that was crushed
- Bleeding that is difficult to control
- Back or neck injury or broken bone
- Head injury
- Unconsciousness or seizure
- Serious burns
- Spill or release of hazardous chemicals
- Several children injured or ill at the same time

# What To Do in an Emergency

## **When calling 911:**

- Stay on the phone and follow their instructions.
- Give the address and clear directions.
- If possible, have someone meet the emergency medical team when they arrive. Direct them to the exact location.

## **You should be ready to give this information to medical personnel:**

- Name, age, and sex of the child.
- A description of the injury or symptoms.
- The child's condition.
- The name and contact information of a parent or guardian.
- How the child will be transported and the name of the medical facility.
- The name of the child's health care provider.

## **Call a parent or legal guardian.**

- Describe the medical emergency and what you are doing to care for the child.
- Find out the recommended hospital or medical facility and the child's health care provider.
- Ask the parent to accompany the child or meet at the hospital or medical facility.

## **A school staff person must accompany the child to the hospital or medical facility if a parent is not able to.**

- Call 911 for transport. Do not use a personal car or school car for transporting a critically ill or injured child.
- Keep trying to reach a parent or guardian or the child's health care provider.
- Call an alternate emergency number for the child if you can't reach a parent.

## **Complete a written record of the incident immediately.**

## Standard Precautions to Prevent Infection

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These precautions help prevent the spread of germs to both you and the child. Assume that everyone can be the source of infections and everyone needs to be protected. Follow instructions in the **Infectious Disease Control Guide** for cleaning and disposal of contaminated materials.

### **Avoid direct contact with blood and other body fluids:**

- Use a barrier between you and the body fluids, such as gloves, sterile dressings, cloths, or tissues.
- Use disposable gloves if possible. Do not reuse gloves.
- Wash your hands frequently with soap and warm water.
- To avoid contact with blood, have the child hold a bandage or cloth over the area that is bleeding.

### **Clean and sanitize contaminated surfaces, including sports equipment:**

- Use disposable gloves and disposable cleaning materials.
- Wipe up the body fluids.
- Use a detergent to wash the surface, and rinse with water.
- Clean again with a sanitizing solution, such as 1 tablespoon of bleach in 1 quart of water, or other appropriate disinfectant.
- Remove and launder contaminated clothing as soon as possible.

### **Dispose of contaminated items and cleaning materials:**

- Seal all contaminated materials, including gloves, in a plastic bag. Dispose of the bag in a plastic-lined trash can.
- Label the trash bag: “Contains blood and body fluids.”
- Wash your hands thoroughly with soap and warm water.

**Important:** If you have direct contact with blood or body fluids, follow your school’s exposure plan as required by the Washington Administrative Code on bloodborne pathogens.



# What To Do in an Emergency

## Shock

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**Shock may develop when a person is suddenly injured, bleeding, or ill. Even mild injuries or witnessing a traumatic injury or illness can lead to shock. Call 911 if you think someone is in shock. Contact the school nurse.**

### **Signs of shock include:**

- Weakness, dizziness and fainting
- Cool, pale, clammy skin
- Fast but shallow breathing
- Extreme thirst, nausea or vomiting
- Confusion and anxiety

### **If someone has signs of shock:**

- Treat as a medical emergency (pages 1–2).
- Do not move them if there is a head, neck or back injury.
- Otherwise, have them lie down and prop the legs up on a pillow or rolled towel.
- Keep them dry and warm.
- Stop any bleeding (page 11).

## Special Needs

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**Students with limited mobility or sensory impairments may need help during emergencies to communicate and move safely out of danger.**

Students with disabilities or special health care needs should have an individual plan in place, including any special medical needs and steps for handling emergencies.

- Teachers, administrators, and other adult staff should be aware of individual plans.
- The school should also have a health history summary for the student, with up-to-date information on allergies, medications, and emergency contacts.

## Mental Health Emergencies

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**Watch for the warning signs of suicide, severe self-destructive behavior, extreme agitation, irrational behavior, or threats to others.**

**Make sure other students are safe. Do not leave the student alone. Call for assistance. Call 911 if there is a life-threatening emergency.**

- Immediately place the student in responsible hands, such as the school principal or counselor.
- Be patient, reassuring, and firm.
- Have a school administrator, counselor, or nurse inform the student's parent or guardian.
- Complete a written report of what happened.

# What To Do in an Emergency

## **Pregnancy Complications or Miscarriage**

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Symptoms are vaginal bleeding with abdominal pain and severe cramping. Also fever, fainting, or dizziness. Problems can include ectopic pregnancy and placenta previa.

**Call 911 if bleeding is heavy and pain is severe.**

- A miscarriage may happen over several days and may not be just one event.
- Bleeding may be light to heavy.
- Bleeding and pain together is a sign of miscarriage. Pain may start a few hours to several days after bleeding.
- Follow standard precautions for exposure to blood and body fluids (page 3).
- The student should be seen immediately by a health care provider if miscarriage is suspected.

## Schoolwide Emergency Response

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**Know your school's plan for handling emergencies, including responsibilities of administrators and staff.**

**Bomb threat:** Evacuate.

**Chemical spill:** If the chemical spill is in your room or nearby, evacuate. If the chemical spill is outside of the building, shelter in place. Close and seal doors and windows.

**Earthquake:** Drop, cover under a desk or table, and hold. Turn away from windows. Evacuate only if instructed to do so.

**Fire:** Evacuate. Turn off lights, close door as you leave.

**Intruder:** Lockdown.

**Power outage:** Shelter in place. Turn off computers, lights, electrical devices.

**Radiation leak:** Shelter in place.

**Threat outside of the building:** Modified lockdown.

**Tsunami warning:** Evacuate.

### Evacuate

- Take students out of the building to an emergency assembly area or evacuation route.
- Bring any students in hallways with you.
- Stay away from overhangs, windows, and power lines.
- Keep your class separate from other classes.
- Take attendance.
- Follow school procedures for students being picked up or released to parents or guardians.

# What To Do in an Emergency

## **Shelter in Place**

- Move students to your assigned shelter location.
- Bring any students in hallways with you to the shelter location.
- Lock exterior doors near your room.
- Keep students calm and busy.
- Take attendance.
- Use email, not the phone.
- Close windows and seal them if directed.
- Turn off classroom heating and air vents. Cover vents.

## **Lockdown**

- Move students indoors.
- Bring any students in hallways into your room.
- Lock all doors, including exterior doors near your room.
- Close windows and blinds. Cover exposed windows.
- Turn off lights.
- Have students remain quiet. Stay low and out of sight.
- Use email, not the phone.
- Let the office know about any threats.
- Take attendance.

## **Modified Lockdown**

- Lock exterior doors near your room. Close windows and blinds. Cover exposed windows.
- Stop the movement of students between buildings or in halls.
- Bring students in from outside if it is safe to do so.
- Only known persons should be allowed into the school or room.
- Reassure students by keeping calm and keeping them busy.
- Use email, not the phone.

**If the child is not breathing and is unresponsive, pale or bluish, have someone call 911, and clear the airway. Someone trained in CPR should give rescue breaths and start emergency care. Have someone contact the school nurse.**

- Use the head-tilt, chin lift-method, listen for breathing. Look for an object in the mouth that you can easily remove, but do not try to sweep the mouth with your finger.
- Give 2 rescue breaths, 1 second per breath.
- If the chest does not rise and fall, use the steps below to clear a blocked airway, then begin CPR, alternating 2 rescue breaths with 30 chest compressions until the child starts breathing or until the emergency medical team arrives.
- Have someone inform a parent or guardian.

## Choking

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**If the child is choking and responsive, follow the steps to clear the blocked airway. Repeat until the object is dislodged. If unable to clear the blocked airway, have someone call 911. Clearing a blocked airway may be critical to saving a child before the emergency medical team arrives. Have someone contact the school nurse.**

**Steps to clear a blocked airway:**

- **For infants:** Hold the infant face down on your arm, chest in your hand and infant's head lowered, give 5 slaps between the shoulder blades, and, using your fingers to press up on the breastbone, give 5 quick chest thrusts.
- **For older children:** Get behind the child, make a fist with one hand and grasp it with the other hand just above the child's navel, pull the child close to you, and thrust your fist upward against the child's abdomen.
- These actions can help dislodge an object. A good cough is more effective than anything you can do.
- Have someone inform a parent or guardian.

## Severe Allergic Reaction (Anaphylaxis)

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Call 911 if the reaction is severe and the child struggles to breathe, or if the child is known to have severe allergic reactions. Have someone contact the school nurse. See the section on allergic reactions (page 23).

## Asthma Attacks

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Call 911 if the child struggles to breathe and does not have a quick-relief inhaler. Have someone contact the school nurse. See the section on asthma attacks (page 24).

**Important:** A child with asthma is more likely to have a life-threatening episode if the asthma attack also involves an allergic reaction. Quick action with an approved inhaler and EpiPen is critical.

## Bleeding

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**Have someone call 911 if bleeding is heavy or if you suspect the child has internal bleeding, such as from a bad fall. Have someone contact the school nurse.**

- Follow standard precautions for exposure to blood and body fluids (page 3).
- Wash hands and put on disposable gloves.
- When bleeding is hard to control, apply direct pressure to the open wound with a clean dressing until the emergency medical team arrives or for at least 5 minutes. Do not remove the dressing, but add more if needed.
- For minor cuts, have the child apply direct pressure with a clean dressing or cloth for at least 1–2 minutes.
- Once bleeding has stopped on a minor cut, slowly remove the dressing and wash the wound with soap and water.
- Apply a sterile dressing or bandaid.
- Inform a parent or guardian. Advise them to have the child seen by their health care provider if the wound will not stay closed or may need stitches.
- Wipe up blood, wash and sanitize all surfaces it touched.



## **Amputation of a Finger (or Other Body Part)**

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**Have someone call 911. Apply direct pressure to the wound for at least 5 minutes to help stop the bleeding. Have someone contact the school nurse.**

- Follow standard precautions for exposure to blood and body fluids (page 3).
- Keep the child dry and warm, and watch for signs of shock (page 4).
- If the finger or other body part is still attached, keep it in a normal position as you apply pressure.
- Use sterile dressings over the wound while you apply pressure. If blood seeps through, add more dressings—do not remove them.
- If bleeding is hard to control, keep pressure on the wound, and also use your fingers to squeeze the pressure point on the inside of the upper arm just above the elbow. If the injury is on the lower body, press the palm of your hand on the pressure point at the top of the leg near the groin.
- If the finger or body part is detached, wrap it in clean gauze, put it in a plastic bag and put the bag on ice. The part should not be frozen or submerged in ice or water. Give it to the emergency medical team when they arrive.
- Inform a parent or guardian. Tell them that the child is being transported and have them meet you at the hospital or medical facility.
- Wipe up blood, wash and sanitize all surfaces it touched.

## Nosebleeds

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**Most nosebleeds can be stopped by pinching the nostrils for 5 minutes. Do not tilt the head back. Call 911 if the nosebleed cannot be controlled. Have someone contact the school nurse.**

- Follow standard precautions for exposure to blood and body fluids (page 3).
- Wash hands and put on disposable gloves. Keep the child sitting up.
- Pinch the soft parts of the nose together and gently press the nose against the bones of the face. If possible, have the child do this.
- Hold for a full 5 minutes—do not peek.
- If available, place a cold pack or ice bag wrapped in a cloth on the nose and cheeks.
- After 5 minutes, release the pinch slowly. Reapply pressure for longer than 5 minutes if bleeding starts again.
- Have the child sit quietly for 10–20 minutes and tell them to avoid blowing or touching the nose.
- Inform a parent or guardian about the nosebleed.
- Wipe up blood, wash and sanitize all surfaces it touched.

# Bleeding, Swelling, Infection

## Punctures, Scrapes, Splinters

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Clean the injury thoroughly and apply a sterile dressing or bandaid as needed. For deep wounds or large splinters, call 911 or contact the school nurse, and do not attempt to remove the object.

- Follow standard precautions for exposure to blood and body fluids (page 3).
- Wash hands and put on disposable gloves.
- **For minor punctures:** Do not try to pick out debris. Soak or wash in water. Do not use soap.
- **For scrapes:** Apply pressure with gauze or a sterile dressing to stop bleeding, then wash the wound with soap and warm water.
- **For splinters:** Remove small slivers close to the surface and wash the area with soap and warm water.
- Inform a parent or guardian, and advise them to check with their health care provider if further treatment is needed and to check on the child's last tetanus booster.
- Wipe up blood, wash and sterilize all surfaces it touched.

## Bruises and Swelling

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To control swelling, place a cold pack or ice bag wrapped in a cloth over the injury. Call 911 if there are signs of a deeper injury or if the cause of the swelling is a crush injury, where the body part was squeezed or caught between two hard surfaces. Have someone contact the school nurse.

- Wrap the area of the injury in stretchy gauze or elastic bandages. Leave the tips of fingers and toes exposed so you can tell if the area is wrapped too tightly.
- Elevate the injury unless you suspect a broken bone or crush injury.
- Do not put ice directly on the skin.
- Inform a parent or guardian, and advise them to check with their health care provider if further treatment is needed.

## Skin Infections and Open Sores

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**Wear disposable gloves and do not touch sores. Cover the sore with a bandage taped on all sides. Contact the school nurse.**

- Follow standard precautions for exposure to body fluids (page 3).
- Wash hands frequently or use alcohol-based sanitizer if soap and warm water are not available.
- Avoid contact with any pus or fluid.
- If the sore is leaking fluid, put on extra bandages or dressings taped on all sides.
- Inform a parent or guardian. Advise them to consult with their health care provider.
- Everyone who has come in contact with the skin infection should wash their hands, including the child with the infection.
- Clean and disinfect any surfaces that came in contact with the infection.
- Dispose of contaminated items in a plastic bag and label it.
- The child does not need to be removed from school unless the infection cannot be covered by a bandage or fluid cannot be contained in a bandage.

## Back or Neck Injury

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**Do not move the child. Have someone call 911. Have someone contact the school nurse. Make sure the child stays still, but don't struggle to hold the child down. Keep the child warm and safe from further injury. Watch for signs of shock (page 4).**

- Encourage the child to remain as still and calm as possible until the emergency medical team arrives.
- Do not raise the legs if you suspect a back or neck injury.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.

# Bone, Joint, and Muscle Injuries

## Broken Bone, Dislocation, Sprain, Strain

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Have someone call 911 if the injury involves more than a finger or toe, the child is unwilling to move a large body part, and if the child is unresponsive or bleeding. Have someone contact the school nurse. Watch for signs of shock (page 4).

- If the broken bone is coming through the skin, put on disposable gloves and control the bleeding. Apply pressure with sterile dressing. Do not move the ends of the bone.
- If the child must be moved, a splint helps prevent further injury. Use a folded blanket, magazine, or cardboard to support the injured part.

### For minor injuries standard first aid is:

- **Rest:** Find a comfortable position for the child, sitting or lying down. Encourage the child to remain still.
- **Ice:** Place a cold pack or ice bag wrapped in a cloth over the injured area for periods of 20–30 minutes.
- **Compression:** Wrap the injured area with an elastic bandage. Be sure it isn't too tight.
- **Elevation:** Use pillows to stabilize the injured part above the level of the heart.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.

# Loss of Consciousness, Fainting, Head Injuries

## Fainting or Feeling Faint

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Fainting typically lasts for less than a minute. Call 911 if the child remains unresponsive for more than a minute. If the child is not breathing, see page 9. Children can faint or lose consciousness for many reasons. Try to determine the cause. Have someone contact the school nurse.

- Lay the child on his or her back and check for breathing.
- If not breathing, follow the steps for difficulty breathing (page 9).
- Prop the legs up on a pillow or rolled towel to increase blood flow to the brain.
- Loosen tight clothing around the neck.
- Write down details of what happened, including the amount of time the child was unconscious, possible cause, and other signs or symptoms.
- Inform a parent or guardian. Advise them to consult with their health care provider.

### Possible causes:

- Diabetic condition or low blood sugar
- Not eating
- Dehydration
- Injury or blood loss
- Allergic reaction or poisoning
- Holding one's breath or hyperventilating
- Fatigue or illness
- Standing for a long time
- Being too warm
- Use of drugs or alcohol
- Stress, fear, emotional upset



# Loss of Consciousness, Fainting, Head Injuries

## Head Injury (Concussion)

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**Have someone call 911 if the child has a head injury.**

**Have someone contact the school nurse. Watch for loss of consciousness or seizure.**

- Try to determine the cause of the head injury. Even slight bumps can cause a concussion and have serious effects.
- Look for confusion, difficulty or slowness in walking, speaking or balancing, being pale and sweaty, severe headache, blurred vision, nausea, vomiting, or loss of bowel/bladder control. These are signs of a head injury.
- Other signs include unusual sleepiness, change of personality, or being unable to recall events.
- Keep the child dry and warm and watch for signs of shock (page 4).
- Place a cold pack or ice bag wrapped in a cloth on the injury for 10–15 minutes to reduce swelling.
- Do not allow child to continue to participate in sports or physical activities if there is reason to suspect a concussion.
- Inform a parent or guardian. Advise them to consult with their health care provider immediately.

## Seizure with Convulsions (Grand Mal)

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**Lay the child on the left side on the floor. This helps keep the airway clear. Never put anything in the child's mouth. Have someone call 911 if the seizure lasts for more than 3–5 minutes, if the child has trouble breathing, or if there is a second seizure. Have someone contact the school nurse.**

- The child may have an early warning of a seizure (known as an aura) or may shout and fall down.
- Move toys and furniture out of the way so the child won't get injured.
- Protect the child's head with a towel, blanket, or clothing. Or slide your palm under the head to protect it.
- Loosen tight clothing around the neck and wrists.
- Note about how long the seizure lasts. Note the body parts that are affected. Your detailed description can be important for the health care provider.
- Follow the child's care plan if there is a history of seizures.
- Let the child rest.
- Do not try to restrain the child or stop the convulsions.
- Inform a parent or guardian. Advise them to consult with their health care provider.

# Seizures and Convulsions

## **Seizure without Convulsions (Petit Mal)**

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**Make sure the child is in a safe place to avoid injury. Have someone call 911 if the seizure lasts longer than 3–5 minutes or if there is a second seizure. Have someone contact the school nurse.**

- The child may have a blank look, be unable to speak or move, act in odd ways, chew or smack lips, or fiddle with clothing.
- Note about how long the seizure lasts.
- Stay with the child and be reassuring. Convulsions may follow.
- Let the child rest.
- Follow the child's care plan if there is a history of seizures.
- Inform a parent or guardian. Advise them to consult with their health care provider.

EpiPens or medications should only be used with both a health professional's instructions and with consent from a parent or legal guardian.

## Severe Allergic Reaction (Anaphylaxis)

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**Call 911 if the reaction is severe and the child struggles to breathe, or if the child is known to have severe allergic reactions. Have someone contact the school nurse.**

- Children with allergies should have a plan in place with school personnel for taking medications and dealing with severe symptoms. If possible, consult the plan.
- Administer an EpiPen and/or inhaler if the child has them prescribed. Call 911 or the child's health care provider within 90 minutes of administering an EpiPen.
- Place the child in a sitting position to make breathing easier.
- Reassure the child.
- Watch the child's breathing carefully. If breathing stops, see page 9.
- **If unresponsive**, lay the child on the left side to reduce the risk of blocking the airway, check for breathing, and if not breathing, start rescue breaths and CPR until the child starts breathing or until the emergency medical team arrives.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, have them meet you at the medical facility.

**Important:** A child with asthma is more likely to have a life-threatening episode if the asthma attack also involves an allergic reaction. Quick action with an approved inhaler and EpiPen is critical.

# Allergic Reactions

## Asthma Attacks

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**Call 911 if the child has severe trouble breathing and does not have a quick-relief inhaler. Have someone contact the school nurse.**

- Children with asthma should have a plan in place with school personnel for taking medications and dealing with severe symptoms. If possible, consult the plan.
- Quick-relief inhalers should only be used with both a health professional's instructions and with consent from a parent or legal guardian.
- Inform a parent or guardian about the attack.

## Allergies

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**Contact the school nurse.**

- Children with allergies should have a plan in place with school personnel for taking medications and dealing with severe symptoms. Consult the plan.
- Allergies can be caused by dust, plants, pollen, animal dander, latex, mold, insects, mites, and fragrances and chemicals.
- Note the symptoms and what triggers the allergy. Watch for difficulty breathing.
- Get the child away from the cause of the allergy if possible. Limit time outside if pollen count is high.
- Inform a parent or guardian.

**Important:** A child with asthma is more likely to have a life-threatening episode if the asthma attack also involves an allergic reaction. Quick action with an approved inhaler and EpiPen is critical.

## Animal Bites

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**Make sure the scene is safe. Have someone call 911 if the bite is serious, if there is uncontrolled bleeding, or if it involves a wild animal. Have someone contact the school nurse.**

- Follow standard precautions for exposure to blood and body fluids (page 3).
- Wash minor wounds with soap and water.
- For serious bites, follow the instructions for controlling bleeding, swelling, and infection (page 11).
- Cover with a bandage or dry dressing.
- Note the details of what happened, get descriptions of the animal and its possible owner, and where the animal might be.
- Biting incidents must be reported immediately to the local health district or department. Even if there is no obvious bite, contact with a wild animal should be reported immediately to the local health department.
- Inform a parent or guardian. Advise them to consult with their health care provider immediately.

## Human Bites

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**Make sure the scene is safe. Have someone call 911 if the bite is serious or if there is uncontrolled bleeding. Have someone contact the school nurse.**

- Follow standard precautions for exposure to blood and body fluids (page 3).
- Treat the same as animal bites.
- Wash with soap and water.

## Insects, Spiders, Ticks

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**Watch the child carefully for allergic reactions to insect stings. Call 911 if the reaction is severe and the child struggles to breathe, or if the child is known to have severe allergic reactions. Call 911 if you know the bite is from a black widow or brown recluse spider. Have someone contact the school nurse.**

- Remove the body and stinger of an insect, but do not squeeze. Scrape it out with a credit card, driver's license, or similar stiff card.
- If possible, capture the spider for identification.
- Use tweezers to pull out a tick. Grasp the head and body with the tweezers and lift it in the direction it entered. Hold it there until the tick lets go. This may take several seconds. Do not twist or jerk it out. Save the tick, if possible, for identification.
- Wash the bitten area with soap and water.
- Apply a sterile dressing or bandaid as needed.
- To reduce pain and swelling, place a cold pack wrapped in a cloth over the bitten area.
- Watch for allergic reactions. See the section on allergies (pages 23–24).
- Inform a parent or guardian. Advise them to consult with their health care provider.

## Swallowing Poison

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**If the child is unresponsive, have someone call 911 and follow the steps for difficulty breathing (page 9). Have someone contact the school nurse.**

- If the child is responsive, gather information and call the Washington Poison Center, 1-800-222-1222.
- Information to give to the Poison Center includes:
  - Age and weight of the child.
  - What was swallowed, the amount swallowed, and when.
  - The child's condition.
- Follow the Poison Center's instructions.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.

## Inhaling Poison

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**Make sure the scene is safe before you remove the child from the toxic area. Don't become another victim. If the child is unresponsive, have someone call 911 and follow the steps for difficulty breathing (page 9). Have someone contact the school nurse.**

- If the child is responsive, gather information and call the Washington Poison Center, 1-800-222-1222.
- Follow the Poison Center's instructions.
- Inform a parent or guardian.



## Poisonous Plants

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**If the child's skin was exposed to poison ivy or poison oak, immediately have them wash the skin with soap and running water. Put on disposable gloves to protect yourself. Call the Washington Poison Center, 1-800-222-1222.**

- Follow the Poison Center's instructions.
- Have the child change out of clothing that was exposed. Put the clothing in a plastic bag.
- Wear gloves when handling contaminated clothing.
- Watch for allergic reactions.
- Inform a parent or guardian.

**The severity of a burn involves three factors:** size, location, and depth. Burns on the face, hands, feet, and genitals are more serious than burns on other parts of the body. Larger and deeper burns are also more serious.

**Superficial first-degree burns** involve only the top layer of skin.

**Partial thickness or second degree burns** go deeper and cause blisters.

**Full-thickness or third degree burns** damage the full depth of the skin and even muscle and nerve tissue.

## Burns from Sun, Heat, Flames

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Have someone call 911 if the burn involves eyes, the face, hands, feet, or genitals, or is a bigger area than the size of the child's palm (1% of the body surface). Have someone contact the school nurse.

- Get the child safely away from the source of the burn—out of the sun or away from flames.
- Cool the burn right away in cool water. Do this for all degrees of burns. Use a container of cool water or a gently running water tap.
- If large areas of the body are burned, cool smaller sections with water for one or two minutes to avoid chilling the whole body. Use a cold damp cloth for areas you cannot put in water—re-wet it every few minutes.
- Burns of the face, hands, and genitals need treatment by a medical professional.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.

## Burns from Chemicals, Electricity

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**Make sure the scene is safe before you get the child away from the source of the burn. Don't become another victim. Have someone call 911 if the burn involves eyes, the face, hands, feet, or genitals, or is a bigger area than the size of the child's palm (1% of the body surface). Have someone contact the school nurse.**

- Immediately rinse chemicals from eyes (page 33).
- For chemical burns, brush any dry chemicals off of the skin and rinse under a tap continuously for 15–20 minutes.
- Cool the burn right away in cool water. Do this for all degrees of burns. Use a container of cool water or a gently running water tap.
- If large areas of the body are burned, cool smaller sections with water for one or two minutes to avoid chilling the whole body. Use a cold damp cloth for areas you cannot put in water—re-wet it every few minutes.
- Electrical burns and burns of the face, hands, and genitals need treatment by a medical professional.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.

## Heat Stroke and Heat Exhaustion

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**Call 911 if the child has a high body temperature and is not sweating, and acts confused or disoriented. Cool the body immediately by pouring lots of cool water over the child.**

**Contact the school nurse.**

- Move the child to a cool place.
- If possible, place cold packs or ice bags wrapped in cloths in the armpit and groin areas where large blood vessels are close to the skin.
- Continue pouring cool water over the skin or use a wet cloth or clothing.
- Encourage the child to drink lots of water.
- Inform a parent or guardian.

# Heat and Cold Injuries

## Hypothermia and Frostbite

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**Call 911 if the child is severely chilled and sluggish. Bring the child to a warm place. Contact the school nurse.**

- Until you can get the child to a warm room, hug the child close to your body.
- Strip off cold, wet clothes, socks, and shoes. Replace with dry clothes and wrap the child in blankets.
- Allow toes, fingers, and ears to return to normal body temperature slowly.
- Do not rub toes, fingers, ears, or skin.
- Do not break any blisters, but wrap any that have broken in gauze.
- If toes or fingers are damaged, put dry gauze between them to keep them from rubbing.
- Inform a parent or guardian. Advise them to consult with their health care provider.

## Chemical in the Eye

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**Hold the injured eye open and flush the eye with clean, lukewarm water. Have someone call the Washington Poison Center, 1-800-222-1222. Follow their instructions. Have someone contact the school nurse.**

- If possible, position the child's head over a sink with the injured eye down.
- Keep the child as still as possible.
- Rinse the eye by running water into the inside corner of the eye (by the nose) until the emergency medical team arrives.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.
- Advise parents to have the child seen by their health care provider.

## Penetrating Object in the Eye

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**For penetrating eye injuries, have someone call 911. Have someone contact the school nurse.**

- Keep the child as quiet and still as possible.
- Never attempt to remove the penetrating object.
- Never put pressure on the eye.
- If possible, cover both eyes with eye shields, paper cups, or cardboard cones, held in place with gauze bandage wrapped around the head.
- Have someone inform a parent or guardian.

## Small Object in the Eye

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**Small objects, like dust or hair, can usually be removed.**

- Gently pull down the lower eyelid while the child looks up, and try to find the object.
- Wipe the inner surface of the lower lid with clean, wet gauze.
- Gently lifting the upper lid out and down will produce tears that can help wash the object out of the eye.
- If the object remains, flush the eye with clean, lukewarm water.
- Inform a parent or guardian. Advise them to have the child seen by their health care provider.

## Minor Bruise or Cut to the Eye

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**Have someone contact the school nurse. Cover the eye with a gauze pad and bandage loosely.**

- Do not try to flush the eye with water.
- Gently place a cold pack or ice bag wrapped in a wet cloth over the injured eye for 10–15 minutes.
- Inform a parent or guardian. Advise them to have the child seen by their health care provider.

### Possible Broken Jaw

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**Have someone call 911. Follow precautions for exposure to blood and body fluids (page 3). Have someone contact the school nurse.**

- The child's jaw line may appear distorted.
- Keep the child still and calm.
- Make sure the child can breathe.
- Try to keep the child from moving.
- Inform a parent or guardian. If the child is being transported to a hospital or medical facility, ask the parent to accompany the child or meet at the medical facility.

### Knocked Out Permanent Tooth

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**Find the tooth. The faster you act, the better the chances of saving the tooth. Follow precautions for exposure to blood and body fluids (page 3). Have someone contact the school nurse.**

- Handle the tooth by its crown, not the root.
- Gently put the tooth back into its socket, making sure that the front of the tooth is facing you.
- Have the child hold the tooth in place with clean gauze.
- If the tooth cannot be reinserted into the socket, put the tooth into a cup of fresh milk, or a ziplock bag with some of the child's saliva. Or wrap the tooth in a clean wet cloth.
- Apply gentle pressure on the socket if bleeding continues.
- Do not remove the blood clot from the socket—it is important for healing.
- Inform a parent or guardian. Advise them to see a dentist immediately.



## Broken Tooth

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**Gently clean dirt from the injured area with warm water. Follow precautions for exposure to blood and body fluids (page 3). Have someone contact the school nurse.**

- Place a cold pack or ice bag wrapped in a cloth on the face over the injured area.
- Inform a parent or guardian. Advise them to see a dentist immediately.

## Cut or Bitten Tongue, Lip, Cheek

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**Follow precautions for exposure to blood and body fluids (page 3). Have someone contact the school nurse.**

- Gently clean the area of the injury with a clean, wet cloth.
- Apply pressure with gauze to stop the bleeding.
- Place a cold pack or ice bag wrapped in a cloth over the injury to control swelling.
- Inform a parent or guardian. Advise them to see a health care provider or dentist, especially if the injury is deep or bleeding doesn't stop easily.

## Broken Braces and Wires

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**Follow precautions for exposure to blood and body fluids (page 3).**

- Broken wires can be covered with gauze until the child can be seen by an orthodontist.
- Do not remove wire embedded in the cheek, tongue, or gums.
- Inform a parent or guardian. Advise them to see an orthodontist immediately.

### **Bleeding After Losing a Baby Tooth**

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**Follow precautions for exposure to blood and body fluids (page 3).**

- Put a clean, folded gauze pad over the spot that is bleeding.
- Have the child bite on the gauze with pressure for 15 minutes.
- Change the gauze and repeat if necessary. Avoid rinsing.
- Inform a parent or guardian. Advise them to see a dentist, especially if bleeding doesn't stop.

## Abdominal Pain, Stomachache, Cramps

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Usually not serious unless it is in a specific spot, comes on suddenly, and gets worse. Severe pain in one spot along with fever, chills, or vomiting, and that is worse when coughing, may be appendicitis. Call 911 if you suspect appendicitis.

- If the student is pregnant, refer to the section on pregnancy complications or miscarriage (page 6).
- Ask if the child has been injured, or has eaten, been to the bathroom, has a period, or has other symptoms of illness.
- Have the child lie down.
- Give no medications or anything by mouth.
- Inform a parent or guardian.

## Alcohol and Drug Use

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Look for inappropriate behavior, staggering, slurred speech, and dilated pupils.

- Know your school's policy on drug and alcohol use.
- Keep the child in the health center and watch for possible signs of overdose.
- Call 911 if the child loses consciousness.
- Have a school administrator, counselor, or nurse inform the student's parent or guardian.

# Illnesses and Health Problems

## Asthma

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**Call 911 if the child struggles to breathe and does not have a quick-relief inhaler. Have someone contact the school nurse.**

- Children with asthma should have a plan in place with school personnel for taking medications and dealing with severe symptoms. If possible, consult the plan.
- Quick-relief inhalers should only be used with both a health professional's instructions and with consent from a parent or legal guardian.
- Inform a parent or guardian about the attack.

## Colds and Flu

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**Have the child cover coughs and sneezes with a tissue or shirt sleeve. Instruct the child to wash hands frequently.**

- Make sure the child is in a comfortable position.
- Do not send a child home on the bus if there are serious symptoms.
- Inform a parent or guardian.

## Depression or Thoughts of Suicide

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**Depression is a medical problem that can be treated. Warning signs of suicide include talking about killing oneself, giving away favorite things, talking, reading, and writing about death, and feeling isolated and sad for several days.**

- Call the National Suicide Prevention Lifeline, 1-800-273-8255.
- Do not leave the student alone.
- Have a school administrator, counselor, or nurse inform the student's parent or guardian. Advise them to consult with their health care provider immediately.

## Diabetes

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**Watch for dizziness, confusion, slurred speech, poor coordination, and fainting in children who take insulin.**

**Call 911 if the child can't swallow or loses consciousness.**

- Children with diabetes should have a plan in place with school personnel for taking medications, checking blood sugar, and injecting insulin. If possible, consult the plan.
- If conscious and able to swallow, give the child 4–6 ounces of fruit juice. If there is no improvement give more fruit juice. If there is no improvement in 10 minutes call 911.
- If the child improves, follow fruit juice with a sandwich and milk or foods on the child's medical plan.
- Inform a parent or guardian.

## Diarrhea

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**Diarrhea is usually not serious and goes away without treatment. It is caused by a number of things, including viruses, bacteria, or parasites. It may be infectious. Watch for other symptoms such as vomiting, fever, and abdominal pain.**

- Have the child wash hands thoroughly and frequently.
- Have the child take small sips of water.
- Inform a parent or guardian. Advise them to consult with their health care provider.
- If several children suddenly have diarrhea, contact your local health department.

# Illnesses and Health Problems

## Earache

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**Most earaches or ear pain are caused by pressure and will go away without treatment. They are often caused by a cold or flu. Watch for other symptoms such as fever and difficulty hearing.**

- Make sure the child is in a comfortable position.
- Press a warm, damp cloth to the ear to relieve pain.
- Inform a parent or guardian. Advise them to consult with their health care provider.

## Fever

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**Low fever without other symptoms is not harmful or a reason to send a child home. If the child's fever is over 100°F call a parent or guardian. Check for the cause of the fever and monitor for other symptoms.**

- Check to see if the child is overheated. See the section on heat stroke and heat exhaustion (page 31).
- Make sure the child is in a comfortable position.
- Do not give medication. Never give aspirin to children under 18.
- Inform a parent or guardian. Advise them to consult with their health care provider.

## Head Lice and Scabies

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Head lice and scabies can spread quickly among children who are in close contact, especially head to head contact, or who share items like hats and other clothing. Head lice and scabies do not cause disease and are not a sign of uncleanness.

- Head lice are parasitic insects that lay their eggs on humans. Look for nits (tiny eggs) attached to the base of the hair.
- Scabies are tiny mites that burrow into the skin. Look for a rash and severe itching.
- Refer to your school district's policy.

## Headache

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Severe or sudden headaches with a stiff neck and vomiting may be a sign of meningitis, a life-threatening infection. Call 911 if you suspect meningitis. Most headaches are minor and will go away without treatment.

- Have the child lie down in a darkened room.
- Place a cool, wet cloth on the forehead to relieve pain.
- Do not give medication. Never give aspirin to children under 18.
- Inform a parent or guardian. Advise them to consult with their health care provider.

# Illnesses and Health Problems

## Nausea or Vomiting

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**Viral infections are the most common cause of nausea and vomiting and are often contagious.**

- Keep the child away from other children.
- Contact the school nurse.
- Have the child lie down.
- Watch for other symptoms.
- Give no fluids.
- If symptoms continue, inform a parent or guardian.
- Follow standard precautions for exposure to blood and body fluids (page 3).

## Toothache or Abscess

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- Have the child rinse the mouth vigorously with warm salt water.
- Use dental floss to remove anything trapped between teeth.
- Place a cold pack or ice bag wrapped in a cloth over the area that hurts.
- Never put aspirin on a tooth or gum.
- Inform a parent or guardian. Advise them to see a dentist.

## Violent Behavior

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**Make sure other students are safe. Do not leave the student alone. Call for assistance. Call 911 if there is a life-threatening emergency.**

- Immediately place the student in responsible hands, such as the school principal or counselor.
- Be patient, reassuring, and firm.
- Have a school administrator, counselor, or nurse inform the student's parent or guardian.
- Complete a written report of what happened.



## **Health and Safety Resources**

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**Resources for school staff are available from the Office of Superintendent of Public Instruction.**

- School Health Services:  
<http://www.k12.wa.us/HealthServices/default.aspx>
- Health Conditions:  
<http://www.k12.wa.us/HealthServices/resources.aspx>
- Infectious Disease Control Guide:  
<http://www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide3-11-04.pdf>
- School Safety Planning Manual:  
<http://www.k12.wa.us/SafetyCenter/Planning/SafetyPlanningManual.aspx>

**Resources for parents, guardians, and school staff are available from the American Academy of Pediatrics.**

- Pediatric First Aid for Caregivers and Teachers:  
<http://www.pedfactsonline.com/>
- Children's Health Topics:  
<http://www.aap.org/topics.html>
- Children's Safety and First Aid:  
<http://www.aap.org/healthtopics/safety.cfm>

# 8 Steps in First Aid to Children

## 1. Survey the Scene

Take a brief moment to look around and make sure the scene is safe. Find out who is involved and what happened.

## 2. Hands-off Check

As you approach the child, look at appearance, breathing, and circulation to decide if someone should call 911—this should take less than 30 seconds.

## 3. Supervise

Make sure other children near the scene are supervised and safe.

## 4. Hands-on Check

Check the child's condition. Decide if someone should call 911 and what first aid is needed.

## 5. First Aid Care

Provide first aid that is appropriate for the injury or illness.

## 6. Notify

As soon as possible have someone notify a parent or legal guardian. Also have someone notify the school nurse.

## 7. Debrief

If possible, talk to the child about any concerns. Talk with other children who witnessed what happened and how you and others responded.

## 8. Document

Complete a written report of what happened.

*Adapted from American Academy of Pediatrics' course book:  
Pediatric First Aid for Caregivers and Teachers*



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